Section 5 Submitting Claims to Medicaid

Time Limits for Filing Claims

All Medicaid claims, except inpatient claims and nursing facility claims, must be received by EDS within 365 days of the **first date** of service in order to be accepted for processing and payment. All Medicaid hospital inpatient and nursing facility claims must be received within 365 days of the **last date** of service on the claim.

Submitting Claims on Paper

When completing the paper claim form, use black ink only. Do not submit carbon copies or photocopies, and do not highlight the claim or any portion of the claim. For auditing purposes, all claim information must be visible in an archive copy. EDS uses optical scanning technology to store an electronic image of the claim, and the scanners cannot detect carbon copies, photocopies, or any color of ink other than black. Carbon copies, photocopies, and claims containing a color of ink other than black, including highlighting, will not be processed and will be returned to the provider.

Processing Paper Claims without a Signature

Providers are allowed to file **paper** claims without an original signature on each claim if the provider submits a **Provider Certification for Signature on File** form. (Providers who file claims electronically are not required to complete this form. Refer to **Submitting Claims Electronically,** below.) Please note that out-of-state providers (providers more than 40 miles from the North Carolina border) are required to have a signature on the claim.

Forms that must be signed must contain the provider's original signature; stamped signatures are not accepted. For group physician/practitioner practices or clinics, each attending provider must sign a certification. Groups whose claims do not require an attending provider number—such as home health agencies, hospitals, and facilities (including adult care)—should have the certification signed by an individual who has authority to sign contracts on behalf of the provider.

To avoid EOB 1350 denials (which indicate that a **Provider Certification for Signature on File form** has not been submitted), please contact EDS Provider Services at 1-800-688-6696 or 919-851-8888 prior to submitting claims to verify that the system has been updated.

A copy of the form is available in **Appendix G-21** or on the DMA Web site at http://www.ncdhhs.gov/dma/forms.html. Fax or mail completed certifications two weeks in advance of submitting claims without a signature.

Submitting Claims Electronically

Providers who plan to submit claims electronically must indicate their intention to do so by agreeing to abide by the conditions for electronic submission outlined in the Electronic Claims Submission Agreement.

The process of submitting claims to Medicaid through electronic media is referred to as Electronic Commerce Services (ECS). EDS will process claims submitted through file transfer protocol and asynchronous dial-up.

Billing electronically requires software that complies with the transaction standards mandated by HIPAA. Refer to **Section 10, Electronic Commerce Services,** for additional information about electronic billing and ECS services.

Billing on the CMS-1500/ CMS-1500 (08/05) Claim Form

Listed below are some of the provider types who bill Medicaid using the CMS-1500 claim form:

- Ambulatory surgery center*
- Audiology or speech pathology, physical therapy, occupational therapy, and psychological services, case management services (DSS)
- Certified registered nurse anesthetist*
- Chiropractor*
- Community Alternatives Program
- Durable medical equipment*
- Federally qualified health center*
- Free standing birthing center*
- Head Start
- Health department
- Hearing aid dealer
- HIV case management
- Home infusion therapy
- Independent diagnostic testing facility*
- Independent laboratory*
- Independent mental health provider
- Independent practitioner
- Local education agency
- Mental health center
- Nurse midwife*
- Nurse practitioner*
- Optical supply dealer
- Optometrist*
- Orthotics and prosthetics*
- Personal care services
- Physician*
- Planned Parenthood (non-medical doctor)*
- Podiatrist*
- Portable X-ray
- Private duty nursing services
- Residential evaluation services
- Rural health clinic**

*Some provider types are mandated to bill Medicaid using modifiers. Please refer to the **April 1999 Special Bulletin II,** *Modifiers*, for Medicaid modifier usage guidelines.

**Modifier usage is subject to non-core services only.

Medicaid special bulletins are available on DMA's Web site at http://www.ncdhhs.gov/dma/bulletin.htm.

Note: Before billing, please refer to program-specific instructions for completing a claim. These are available on DMA's Web site at: http://www.ncdhhs.gov/dma/mp/mpindex.htm. Please note claim form information in **Appendix G.**

Billing on the UB-92/UB-04 Claim Form

Listed below are some of the provider types who bill on the UB-92/UB-04 claim form:

- Adult care home
- Ambulance
- Area mental health center
- Dialysis facility
- Home health agency
- Hospice
- Hospital
- Intermediate care facility for mental retardation
- Nursing facility
- Psychiatric residential treatment facility
- Residential child care facility (Level II, III, and IV)

Billing on the ADA 2002/ADA 2006 Claim Form

Listed below are some of the provider types who bill on the American Dental Association (ADA) claim form:

- Dentist
- Federally qualified health center (dental services only)
- Health department dental clinic (dental services only)
- Rural health clinic (dental services only)

Refer to Clinical Coverage Policy #4, *Dental Services*, on DMA's Web site at http://www.ncdhhs.gov/dma/dental.htm, for instructions on completing the ADA claim form.

New Claim Form Instructions

The following is reprint of a North Carolina Medicaid Special Bulletin issued in December 2006 and revised in June 2007.

The CMS-1500 (12/90), the UB-92 and the American Dental Association (ADA) 2002 paper forms have been revised and will be replaced with the new CMS-1500 (08/05), the UB-04 and the ADA 2006 claim forms, respectively. Medicaid will begin accepting the claim forms effective with the dates shown below. Paper claims submitted on the old forms will not be processed after the date shown in the last column and will be returned to the provider. The intent of this bulletin is to address claim form changes only. **NC Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA.** For information related to claim filing requirements and billing guidelines refer to NC Medicaid program information and policies found at http://www.ncdhhs.gov/dma/mp/mpindex.htm.

Claim form	Medicaid will accept the new paper form on:	Claims **must** be submitted on the new format no later than:
CMS-1500 (08/05)	Jan. 1, 2007	July 1, 2007
UB-04	March 1, 2007	Final date to be announced
ADA 2006	March 1, 2007	November 15, 2007

The revised paper claim forms coincide with the implementation of the National Provider Identifier (NPI) as the standard unique health identifier for providers (see http://www.ncdhhs.gov/dma/ for more information). N.C. Medicaid will allow a transition period to convert from the old paper claim forms to the new claim forms. Each form contains specific changes that will affect Medicaid claims processing, and specific time periods within which particular information must be submitted. Explanation of Benefits (EOB) verbiage will be changing to reflect the use of the revised paper claim formats. Please carefully review the Medicaid-related guidelines in this Bulletin.

SECTION 6 DEFINITIONS

Atypical Provider: Provider who does not render health care services and is not eligible for an NPI. Example: a contractor who builds a wheelchair ramp on a recipient's home.

CA PCP: Carolina ACCESS Primary Care Physician

National Provider Identifier (NPI): New identifier issued through the National Plan and Provider Enumeration System (NPPES) developed by CMS. NPI will replace all Medicaid provider numbers currently used for billing purposes.

Qualifier: Identifies whether the number to the immediate right on the claim represents a Medicaid provider number (1D for CMS 1500 and G2 for UB04) or a taxonomy code (ZZ for CMS 1500 and B3 for UB04).

Taxonomy number: Code identifying a provider type and specialty

SECTION 7 OVERVIEW OF CLAIM FORM CHANGES

Pending NPI implementation, continue to bill using your Medicaid Provider Number.

The following table provides a brief overview of changes for all claim forms. These changes will affect claims processing. Explanations of these changes and definitions of terms will be provided in the following pages.

UB-04	CMS-1500	ADA
Carolina ACCESS NPI or Medicaid Provider Number	Carolina ACCESS NPI or Medicaid Provider Number	NPI—Billing and Attending
No Signature field	NPI—Billing, Attending or Referring	Taxonomy—Billing and Attending
NPI—Billing, Attending and Referring	Qualifier 1D and ZZ	ZIP + 4 Code for Service Facility Location and Billing Location
Payer Code	Taxonomy—Billing, Attending	Medicaid Billing Provider Number for Prior Approval Purposes only.
Qualifier B3 and G2	ZIP + 4 Code for Service Facility Location and Billing Location	
Taxonomy—Billing		
Value Codes		

ZIP + 4 Code for Service Facility Location and Billing Location		

SECTION 8 CLAIM FORM INSTRUCTIONS

Because providers are allowed to submit both Medicaid provider information *and* NPI information on claims during the transition period, there are two claim examples for each claim form: one for revised claim transition and one for NPI implementation. Refer to NPI publications for NPI implementation dates.

CMS-1500 (08/05) Changes Effective Jan. 1, 2007: Revised Claim Transition

Please note: These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by the National Uniform Claim Committee (NUCC). The NUCC instruction manual can be found at *www.nucc.org*. NC Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to claim filing requirements and billing guidelines refer to NC Medicaid program information and policies found at http://www.ncdhhs.gov/dma/mp/mpindex.htm.

- Field 17a: Enter either the referring provider (the Medicaid provider number) or CA PCP provider number for claims requiring CA authorization (the Medicaid provider number) or the CA ACCESS override number assigned by EDS in the shaded field 17a. Qualifier 1D must precede either of these numbers in the delimited block immediately to the right of the field identifier "17a."

- Field 17b: The referring provider's NPI or CA PCP NPI for claims requiring CA authorization may be entered in this field. N.C. Medicaid requests that providers immediately start submitting the NPI in addition to the Medicaid provider number.

- Fields 24i and 24j, Attending Provider Number: If the procedure requires an attending provider number, the attending number must be entered.

    - Field 24j NPI (lower portion of the field): The attending provider's NPI may be entered in this field. N.C. Medicaid requests that providers immediately start submitting the NPI.

    - Fields 24i and 24j (upper shaded portion of the field): Enter qualifier 1D in field 24i and the attending provider's Medicaid number in 24j. After NPI implementation enter the taxonomy code in 24j with qualifier ZZ in 24i (During transition, taxonomy is not required).

- Field 32, Service Facility Location: Address where service was rendered, including ZIP + 4 Code.

- Field 33, Billing Provider Information: Provider address must include ZIP + 4 Code.

- Field 33a: Enter the Medicaid billing provider's NPI. N.C. Medicaid requests that providers immediately start submitting the NPI

- Field 33b: Enter the Medicaid number, preceded by qualifier 1D. (This field is not specifically delimited.) It is not necessary to enter a space between qualifier 1D and the Medicaid number. After NPI implementation the taxonomy code with qualifier ZZ should be entered (During transition, taxonomy is not required).

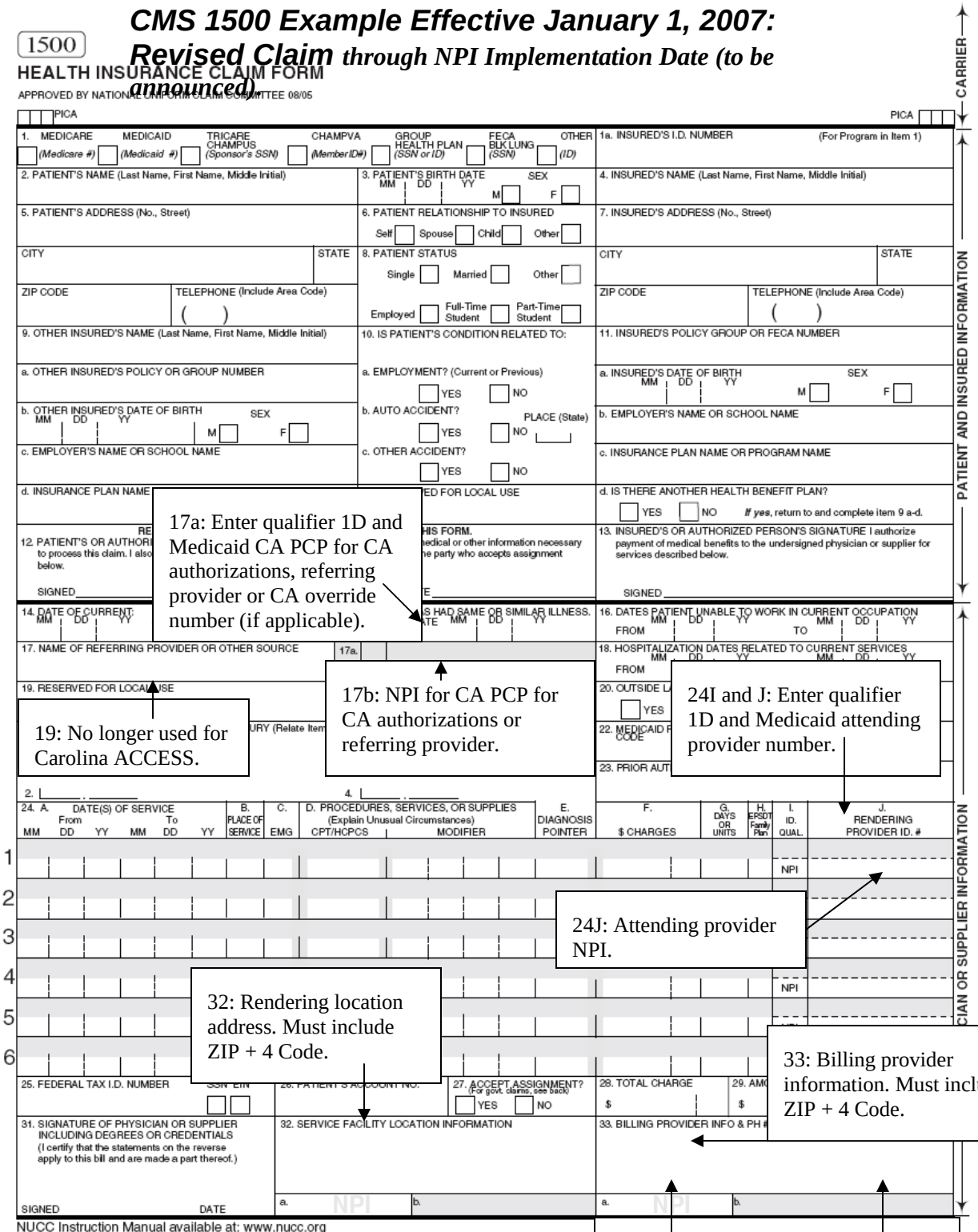
CMS-1500 (08/05) Form Instructions for Field Changes Effective Jan. 1, 2007

Instructions for completing the standard CMS-1500 claim form as it relates to the claim form field changes are listed below. Please note: These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by NUCC. The NUCC instruction manual can be found at www.nucc.org. Refer to NPI publications for NPI implementation dates. NC Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to claim filing requirements and billing guidelines refer to NC Medicaid program information and policies found at http://www.ncdhhs.gov/dma/mp/mpindex.htm.

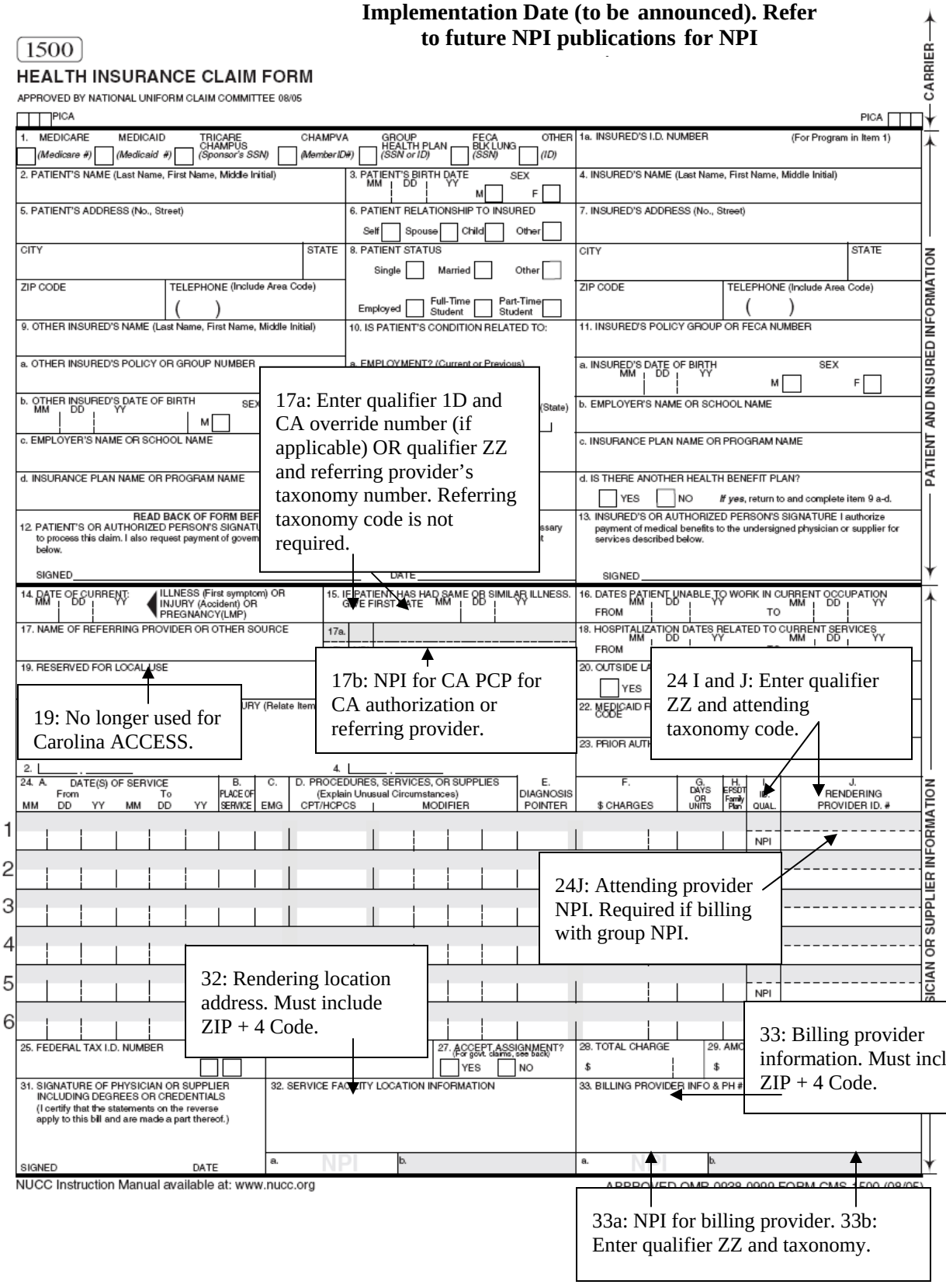
Block	Block Name	Explanation
17.	Name of Referring Provider or Other Source	Use for referring provider's name.
17a.	Other ID Number	Use for CA override or Medicaid provider number (for CA authorization) with qualifier 1D, or taxonomy code with qualifier ZZ. During transition, taxonomy is not required.
17b.	NPI	Use for referring provider NPI or Carolina ACCESS PCP's NPI for CA authorization.
19.	Reserved for Local Use	Please be aware that Medicaid will no longer use block 19 for Carolina ACCESS.
24I. (upper shaded portion)	Qualifier	Enter qualifier 1D if entering Medicaid provider number or ZZ if entering taxonomy. During transition, taxonomy is not required.
24J. (upper shaded portion)	Rendering Provider ID Number	Enter Medicaid attending provider number or taxonomy. During transition, taxonomy is not required.
24J. (lower unshaded portion)	Rendering provider ID number	Enter attending provider NPI.
32.	Service Facility Location Information	Enter the ZIP + 4 Code.
33.	Billing Provider Info and Phone Number	Enter the billing provider's name, street address including ZIP + 4 Code and phone number.
33a.	NPI	Enter the billing provider's NPI.
33b.	Other ID Number	Enter the Medicaid provider number with 1D qualifier or taxonomy with ZZ qualifier. During transition, taxonomy is not required.

Note: Quick Reference Guides for Carolina ACCESS Provider on pages 17-21

CMS 1500 Example Effective January 1, 2007: Revised Claim through NPI Implementation Date (to be announced)



Section 5 CMS-1500 Example: Effective with NPI Implementation Date (to be announced). Refer to future NPI publications for NPI



UB-04 Changes Effective March 1, 2007: Revised Claim Transition

Please note: These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by the National Uniform Billing Committee (NUBC). The NUBC instruction manual can be found at *www.nubc.org*. Refer to NPI publications for NPI implementation dates. Changes to NC Medicaid programs and policies related to the implementation of the UB04 claim form will be addressed in separate bulletins. Information regarding NC Medicaid filing requirements and billing guidelines can be found at http://www.dhhs.state.nc.us/dma/mp/mpindex.htm.

- Form locator 1: Name and service facility location (address must include ZIP + 4 Code) of the provider

- Form locator 2: Billing name and address (address must include ZIP + 4 Code) for the payment if different than that of the provider in FL1.

- Form locators 39–41 (Value Codes): Use value codes to identify covered days (80), non-covered days (81), co-insurance days (82) and lifetime days (83). Refer to the UB-04 manual for other value code definitions.

- Form locator 56 (NPI): Billing provider's NPI. Enter the billing provider NPI. N.C. Medicaid requests that providers immediately start submitting the NPI with their Medicaid provider number.

- Form locator 57 (Other Payer ID): Enter the billing provider's Medicaid number on line A, B or C, to correspond with the Medicaid payer name.

- Form locator 76: (Attending provider): Enter the attending provider's NPI in the first space of this form locator, if applicable. Enter the attending provider's Medicaid provider number in the second space with qualifier G2, if applicable.

- Form locator 78 (Other): Enter qualifier DN for Referring Provider in the first space. The NPI of the CA PCP for claims requiring CA authorization or the referring provider may be entered in the second space identified as NPI. Enter either the CA PCP Medicaid provider number for claims requiring CA authorization, referring provider or the CA ACCESS override number assigned by EDS with qualifier G2 in the third and fourth space identified as QUAL field.

- Form locator 81 (Code-Code): Enter qualifier B3 and the billing provider taxonomy code. During transition, taxonomy is not required.

UB-04 Form Change Instructions

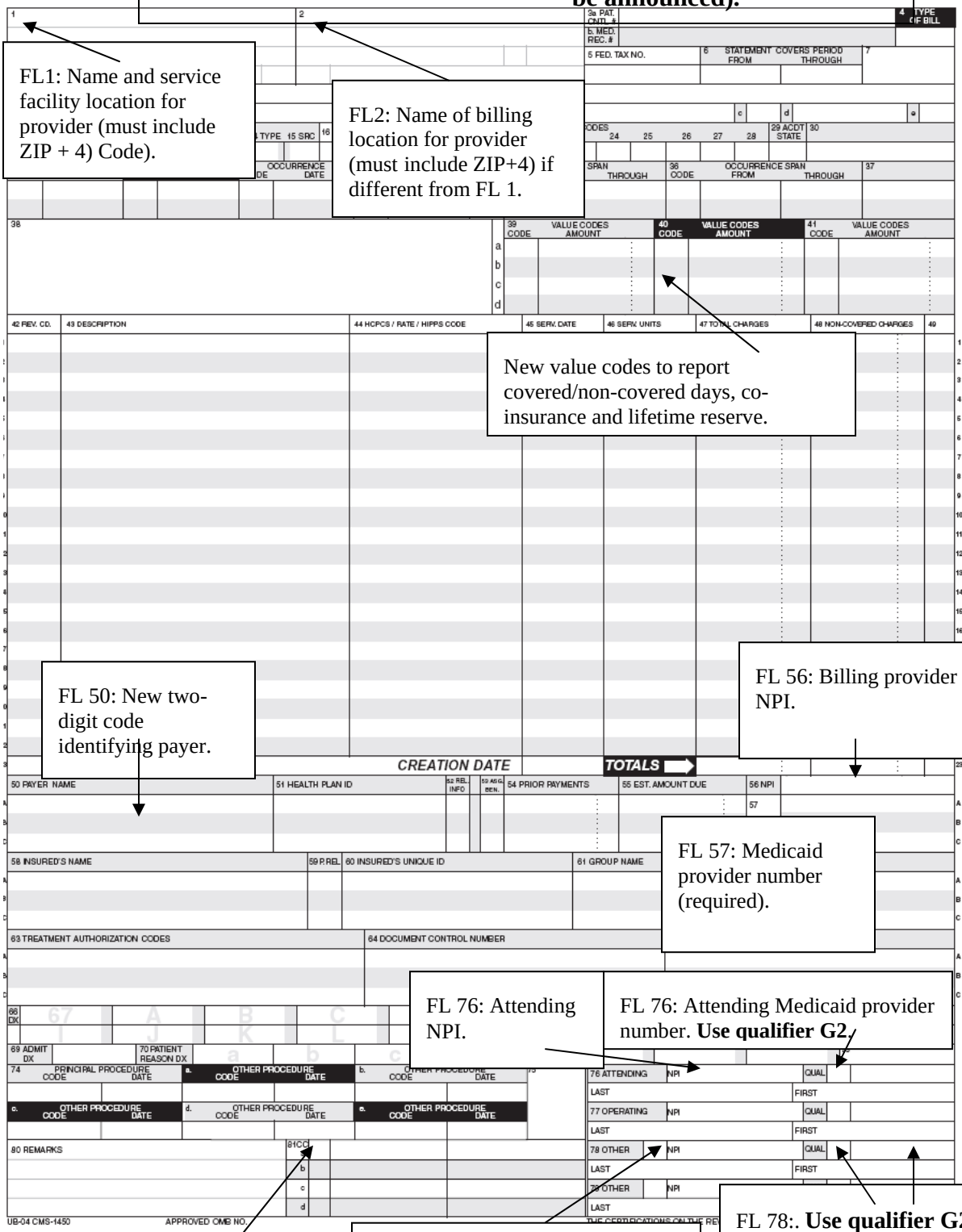
Instructions for completing the standard UB-04 claim form as it relates to the claim form field changes are listed below. These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by NUBC. The NUBC instruction manual can be found at www.nubc.org. Refer to NPI publications for NPI implementation dates. NC Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to claim filing requirements and billing guidelines refer to NC Medicaid program information and policies found at http://www.ncdhhs.gov/dma/mp/mpindex.htm.

Form Locator/Description	Requirements	Explanation
1. Provider Name/Address/ City/State/Zip	Required	Enter the provider's name and the service facility location. The ZIP code must be in the ZIP + 4 format.
2.Pay-to Name/ Address/ City/State/Zip	Required	Enter the provider's name and address (address must include ZIP + 4 Code) for the payment if different than that of the provider in FL1.
39.–41., a–d Value Codes and Amounts	Required, where applicable	80 Covered Days 81 Noncovered Days 82 Co-insurance Days 83 Lifetime Reserve Days NC Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to clai filing requirements and billing guidelines refer to NC Medicaid program information and policies found at http://www.ncdhhs.gov/dma/mp/mpindex.htm.
50. Payer Name	Required	Enter the name of the insurance payer and the two-character payer code. **Payer Codes for NC Medicaid is -** Medicaid MC
56. NPI	Required	Enter your National Provider Identification number.
57. Other Provider ID	Required	Enter the Medicaid provider number without a qualifier
76. Attending Provider Information	Required, where applicable	Enter the attending provider's NPI or Medicaid provider number and G2 qualifier.

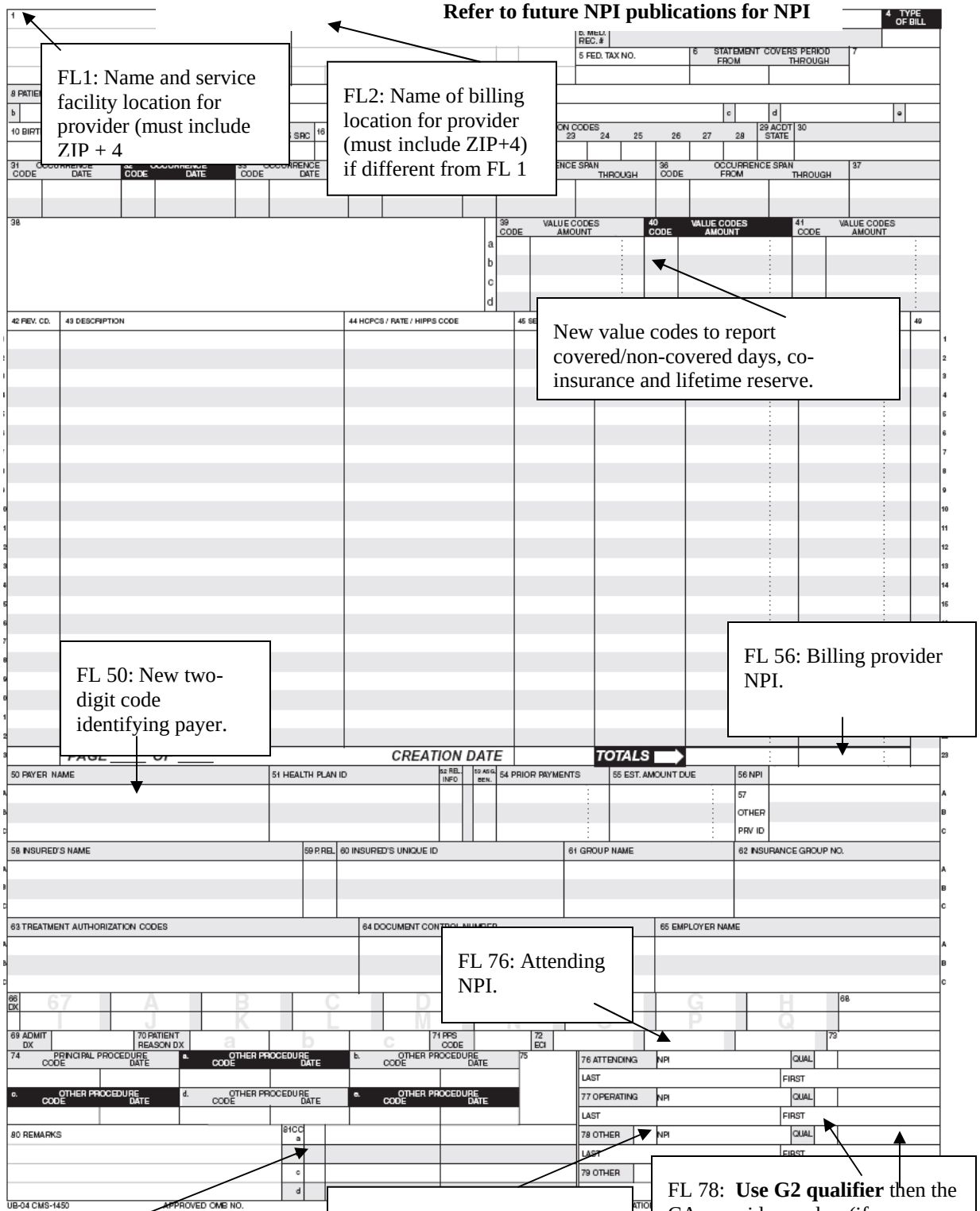
Form Locator/Description	Requirements	Explanation
78. Carolina Access PCP/Referring Provider	Required, where applicable	Enter DN then the NPI for the CA PCP for claims requiring CA authorization or Referring provider if applicable. Enter the CA override or Medicaid provider number for claims requiring CA authorization or Referring provider with G2 qualifier, if applicable.
81. Code –Code Field	Required	Enter qualifier B3 and the Billing provider taxonomy code. During transition, taxonomy is not required.

Note: Quick Reference Guides for Carolina ACCESS Provider on pages 17-21

Section 6 UB-04 Example Effective March 1, 2007 through NPI Implementation Date (to be announced).



Section 7 UB-04 Example: Effective with NPI Implementation Date (to be announced). Refer to future NPI publications for NPI



SECTION 9 INSTRUCTIONS FOR THE 2006 ADA CLAIM FORM

Please note: These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by the ADA. The ADA instruction manual can be found at www.ada.org. Refer to NPI publications for NPI implementation dates. NC Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to claim filing requirements and billing guidelines refer to NC Medicaid program information and policies found at http://www.ncdhhs.gov/dma/mp/mpindex.htm.

ADA Changes Effective March 1, 2007: Revised Claim Transition

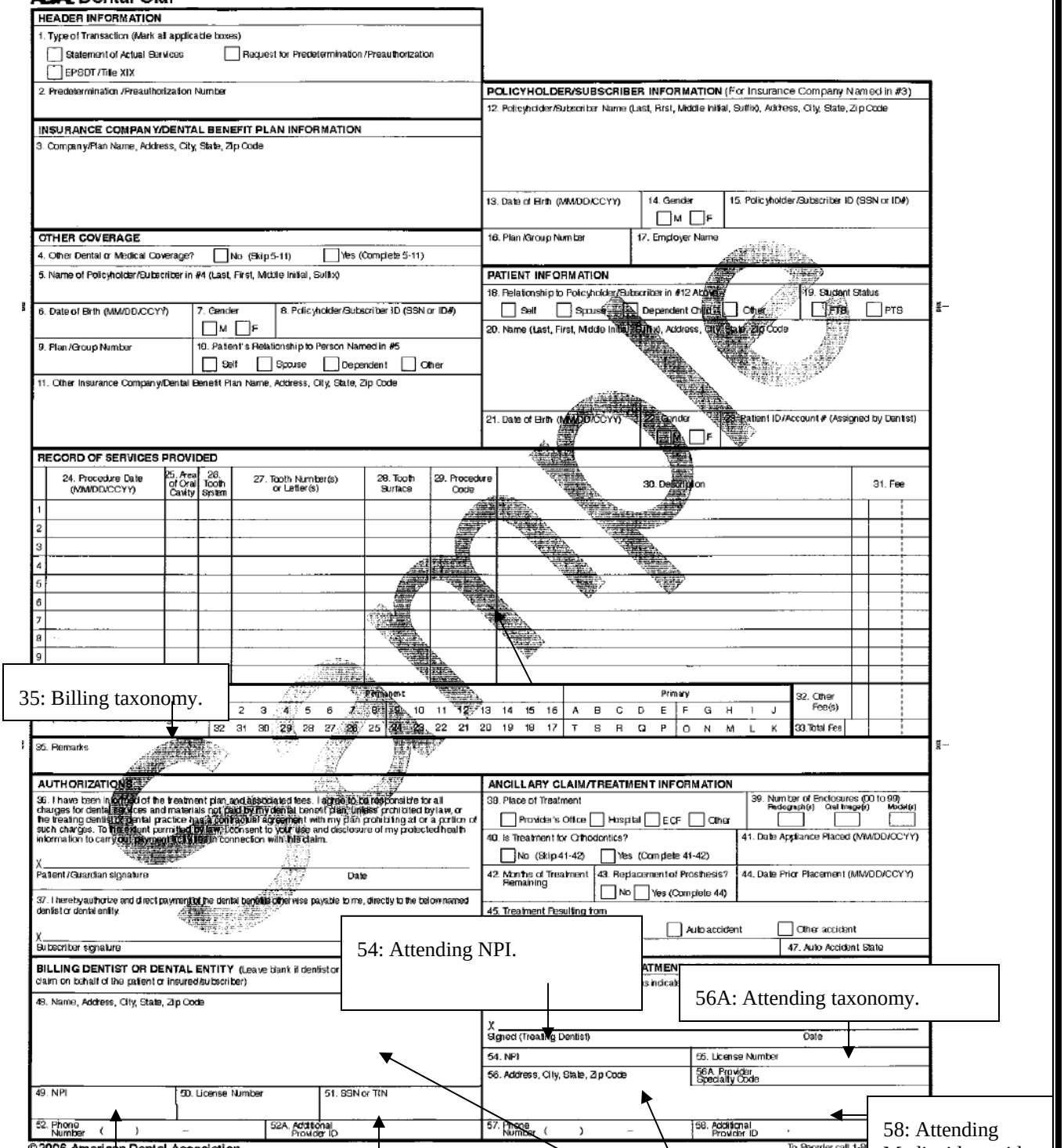
- Field 35 (Remarks): Enter the billing provider's taxonomy code.
- Field 48 (Address): Enter the provider address information which must include the ZIP + 4 Code.
- Field 49 (NPI): Enter the billing provider's NPI number.
- Field 52A (Additional Provider ID): Enter the Medicaid billing provider number. After NPI implementation, the Medicaid billing provider number is required for prior approval purposes only.
- Field 54 (NPI): Enter the attending provider's NPI number.
- Field 56 (Address): Enter the provider address information which must include the ZIP + 4 Code.
- Field 56A (Provider Specialty Code): Enter the attending provider's taxonomy code.
- Field 58 (Additional Provider ID): Enter the Medicaid attending provider number. After NPI implementation, the Medicaid attending provider number is no longer required and should not be entered on the request.

ADA Claim Form Instruction Changes

Instructions for the 2006 ADA Form as it relates to the claim form field changes are listed below. Please note: These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by the ADA. The ADA instruction manual can be found at www.ada.org. Refer to NPI publications for NPI implementation dates. . NC Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to claim filing requirements and billing guidelines refer to NC Medicaid program information and policies found at http://www.ncdhhs.gov/dma/mp/mpindex.htm.

Field Number	Field Name	Explanation
35	Remarks	Enter the billing provider's taxonomy code.
48	Billing Address, City, State, Zip Code	Enter the address, including ZIP + 4 Code.
49	NPI	Enter the billing provider's NPI.
52A	Additional Provider ID	Enter the Medicaid billing provider number. After NPI implementation, the Medicaid billing provider number is required for prior approval purposes only.
54	NPI	Enter the attending provider's NPI number for the individual dentist rendering the service. This number should correspond to the signature in field 53.
56	Address, City, State, Zip Code	Enter the address, including ZIP + 4 Code.
56A	Provider Specialty Code	Enter the attending provider's taxonomy code.
58	Additional Provider ID	Enter the Medicaid attending provider number. After NPI implementation, the Medicaid attending provider number is no longer required and should not be entered on the request.

ADA Example Effective March 1, 2007 through NPI Implementation Date (to be announced)**.**



35: Billing taxonomy.

54: Attending NPI.

56A: Attending taxonomy.

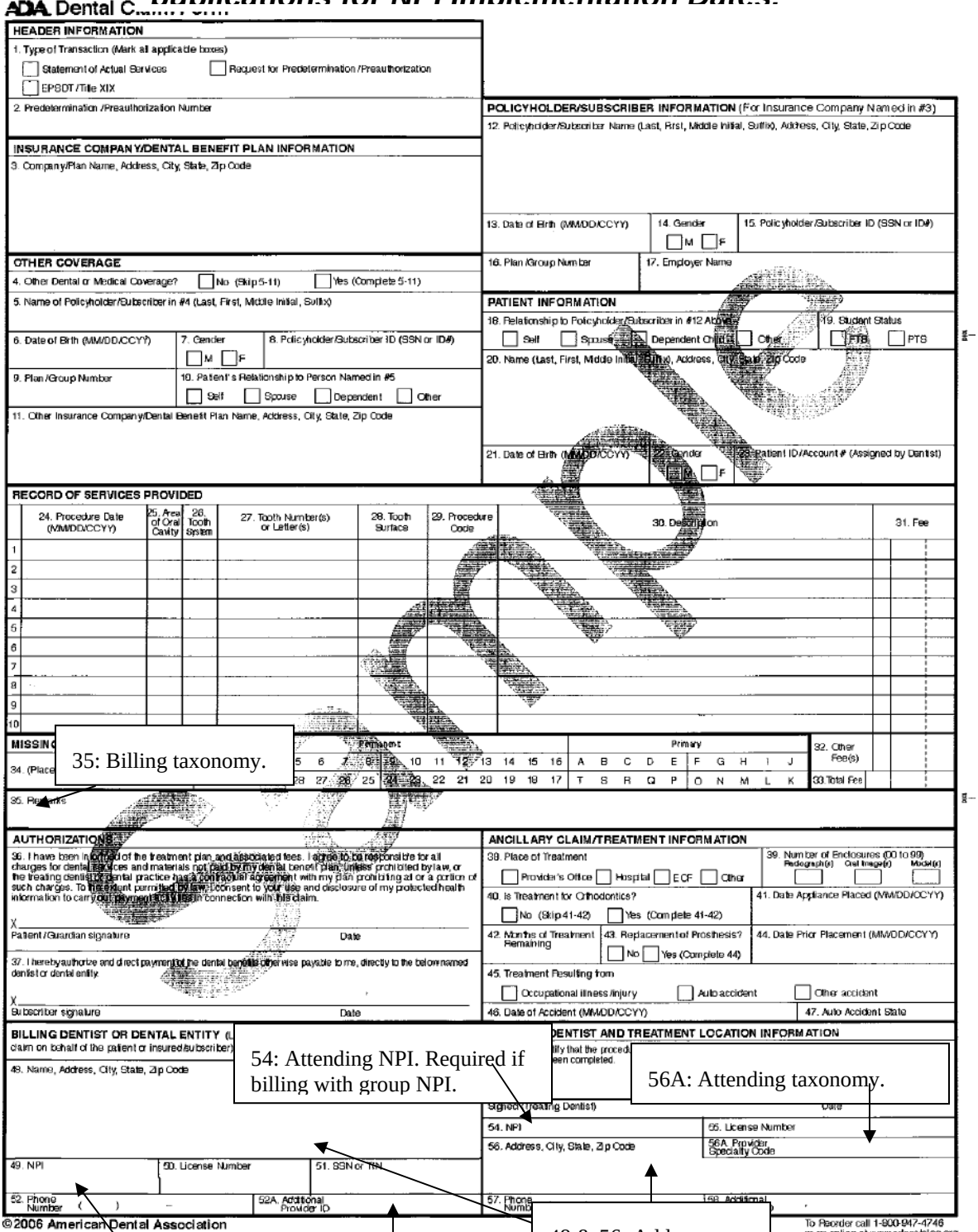
58: Attending Medicaid provider number.

49: Billing NPI.

52A: Billing Medicaid provider number.

48 & 56: Address including ZIP + 4 Code.

ADA Example: Effective with NPI Implementation Date (to be announced). Refer to future NPI publications for NPI Implementation Dates.



SECTION 10 QUICK REFERENCE GUIDES FOR CAROLINA ACCESS PROVIDERS

Significant changes regarding the placement of Carolina ACCESS information have occurred on both the CMS-1500 and the UB-04 claim forms. Outlined below are specific timeframes and requirements for recording Carolina ACCESS PCP numbers, Carolina ACCESS overrides and referring provider information on the claim. Please make note of these filing requirements.

CMS-1500 (08/05)

Claims Processed with CA PCP Authorization and/or CA Override

Transition Dates: Jan. 1, 2007, until NPI implementation

Effective July 1, 2007, providers must submit on the new CMS-1500 (08/05) claim form. Providers filing on the new CMS-1500 (08/05) claim form must follow the process below for claims received from Jan. 1, 2007, until NPI implementation.				
Block	***Block Name***	***Required Field Yes / No***	***Value***	***Explanation***
17	Name of Referring Provider	No		
17a (smaller shaded box)	Qualifier	Yes	1D	Qualifier 1D represents Medicaid provider number.
17a (larger shaded box)	PCP Referral Number or CA Override Number	Yes	Medicaid Provider # or CA Override #	Enter the CA PCP referral number (Medicaid provider number) or the CA override number assigned by EDS.
17b	NPI (National Provider Identifier)	No	NPI Number	The CA referral information is processed from block 17a.

CMS-1500 (08/05)

Claims Processed with CA PCP Authorization

Effective with NPI implementation

Block	Block Name	Required Field Yes / No	Value	Explanation
17	Name of Referring Provider	No		
17a (smaller shaded box)	Qualifier	No		
17a (larger shaded box)	Taxonomy Number of Referring Provider	No		
17b	NPI	Yes	CA referring provider's NPI number	This is a required field.

Note: If any value is entered in field 17a other than ZZ or blank, the claim will deny. If you enter a ZZ qualifier in field 17a you must enter the taxonomy number in field 17a or the claim will deny.

CMS-1500 (08/05)

Claims Processed with CA Override

Effective with NPI implementation

Block	Block Name	Required Field Yes / No	Value	Explanation
17	Name of Referring Provider	No		
17a (smaller shaded box)	Qualifier	Yes	1D	Qualifier 1D represents Medicaid provider number. If any other value is entered, the claim will be denied.
17a (larger shaded box)	CA Override Number	Yes	EDS-issued override number	
17b	NPI	No		Will not have NPI of referring provider.

UB-04

Claims Processed with CA PCP Authorization/Referral or CA Override

Transition Dates: March 1, 2007, through NPI implementation

Providers filing on the new UB-04 claim form must follow the process below for claims received from March 1 until NPI implementation.				
Form Locator	**Description**	**Required Field Yes / No**	**Value**	**Explanation**
78 (blank field 1)	Provider Type Qualifier Code	Yes	DN	DN indicates referring provider.
78 (blank field 2)	NPI	No		
78 (blank field 3)	Qualifier	Yes	G2	Qualifier G2 represents Medicaid provider number. If any other value is entered, the claim will be denied.
78 (blank field 4)	PCP Referral Number or CA Override Number	Yes	Medicaid provider # or EDS-issued CA override #	Enter the current CA PCP number (Medicaid provider #) or the CA override number assigned by EDS.
78 (blank field 5) Last	Last Name of Referring Provider	No		
78 (blank field 6) First	First Name of Referring Provider	No		

UB-04

CA Claims Processed with PCP Authorization/Referral

Effective with NPI implementation

Form Locator	Description	Required Field Yes / No	Value	Explanation
78 (blank field 1)	Provider Type Qualifier Code	Yes	DN	DN indicates referring provider.
78 (blank field 2)	NPI	Yes	CA referring provider's NPI number	This is a required field.
78 (blank field 3)	Qualifier	No		
78 (blank field 4)	Other Provider Identifier of Referring Provider	No		
78 (blank field 5) Last	Last Name of Referring Provider	No		
78 (blank field 6) First	First Name of Referring Provider	No		

UB-04

CA Claims Processed with CA Override Number

Effective with NPI implementation

Form Locator	Description	Required Field Yes / No	Value	Explanation
78(blank field 1)	Provider Type Qualifier Code	Yes	DN	DN indicates referring provider.
78 (blank field 2)	NPI	No		
78 (blank field 3)	Qualifier	Yes	G2	Qualifier G2 represents Medicaid provider number. If any other value is entered, the claim will be denied.
78 (blank field 4)	CA Override Number	Yes	EDS-issued override number	
78 (blank field 5) Last	Last Name of Referring Provider	No		.
78 (blank field 6) First	First Name of Referring Provider	No		